

City of Falls Church Motor Vehicle Registration Form

* Denotes required information to complete registration

***Vehicle Owner's Full Name:** _____
(Please print names as they appear on the DMV registration card, last name first, first name second, middle name last. Contact the DMV to update your address.)

***Vehicle Owner's Social Security Number:** _____

***Vehicle Co-Owner's Full Name:** (if joint) _____

***Vehicle Co-Owner's Social Security Number:** _____

***Vehicle Owner's Current Mailing Address:** _____

***Owner's Daytime Phone # :** _____ **E-mail Address:** _____
(in case we need to ask you a question to complete your registration) (for Commissioner's Office use only, it won't be given out)

****If this is a leased vehicle, to whom and where should the tax bill be mailed?**** _____
(leasing company's name)

(leasing company's address)

(leasing company's phone number)

***Vehicle Year, Make and Model:** _____
(please specify what version of that model, for example: 2003 Toyota Camry LE, or GL, or DX)

***Date the vehicle was purchased or moved into Falls Church City:** _____

***Should all of your vehicles be listed as being garaged in "Falls Church City" according to DMV records? Yes or No (please circle) (If "No", where should each car be garaged?)**

1. _____ garaged in: _____ 2. _____ garaged in: _____

***Primary Vehicle Usage:**
(You must declare one usage to comply with the Virginia State law that amended the Personal Property Tax Relief Act of 1998.)
Personal _____ **Business** _____ (Is more than 50% of the mileage or depreciation taken as a business expense?)

***Signature:** _____ ***Date:** _____

***Have you recently sold/traded-in/donated/totaled a vehicle registered in Falls Church? Y/N**
Did you notify the VA Department of Motor Vehicles and this office? Did you transfer the decal to the new vehicle? **If you plan to sell or donate your car in the future, please notify us by phone: (703) 248-5065, fax: (703) 248-5212 or e-mail: commissioner@fallschurchva.gov so the vehicle can be moved out and no longer taxed.** If you disposed of a vehicle, provide the information on your former vehicle so we can update our records:

Vehicle Year: _____ **Vehicle Make:** _____

Vehicle Model: _____ **Vehicle Disposal Date:** _____

Faxing in a vehicle registration: If you are faxing in this registration form, be sure to include a **legible** copy of your **DMV vehicle registration card** (**an enlarged copy works best**) and a **phone number** if we need to call you to complete your registration. Did you **transfer a decal** from one vehicle to another? Yes or No (please circle) Do you have a **paid current decal** from another Virginia jurisdiction? Yes or No (please circle) VA jurisdiction: _____

Commissioner's Office Use Only - Complete All Questions Every Time

Customer ID: _____ **PP ID:** _____ **Staff initials:** _____ **DMV solds/actives printed? Y or N**
Munis solds/actives printed? Y or N **Paid decal from what VA jurisdiction?** _____ **Decal bill? Y or N**
Temp. decal given? Y or N **Fax reg. letter sent? Y or N** **Garage Jurisdiction?** _____ **Changed to:** _____

Tom Clinton, Commissioner of Revenue **Phone:** 703-248-5023 **Fax:** 703-248-5212 **E-mail:** tcClinton@fallschurchva.gov